1404630

FORM D

RECEIVED

JUN 2 5 2007

UNIT

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:						
Estimated averag	je burden					
hours per respons	se16.00					

SEC US	SE ONLY
Prefix	Serial
DATE R	ECEIVED
1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Class A Limited Partnership Interests in Aravis Clipper Delaware, L.P. Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6)	ULOE
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	07069136
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	07008130
Aravis Clipper Delaware, L.P./*	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o Aravis Clipper Delaware, Inc., 300 Park Avenue, New York, NY 10022	212.572.6332
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	DDOO
Investment fund.	PROCESSED
	please specify): PHONISON FINANCIAL
Type of Business Organization corporation limited partnership, already formed other (please specify):
corporation Imited partnership, already formed other () business trust limited partnership, to be formed	THOMAS IN
Month Year	FINANCIA
	mated
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim to accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle	

filing of a federal notice.

				A. BASIC IDE	NTU	FICATION DATA				
Enter the informati	on req	uested for the fo	llowin	ig:						
 Each promote 	r of th	e issuer, if the is	suer h	as been organized w	ithin 1	the past five years;				
Each beneficia	ıl own	er having the pov	ver to	vote or dispose, or dir	ect th	e vote or disposition (of, 10	% or more o	f a clas	ss of equity securities of the issuer.
 Each executive 	c offic	er and director o	of corp	orate issuers and of	corpo	rate general and man	aging	partners of	partne	ership issuers; and
Each general:	ınd m	anaging partner o	of part	nership issuers.						
Check Box(es) that App	ly:	Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name fi	-e4 :F	individual\								
Aravis Clipper Delaw			,							
Business or Residence A 300 Park Avenue, No	ddres	s (Number and	Stree		de)	······································				
Check Box(es) that App	ly:	Promoter		Beneficial Owner		Executive Officer		Director	Z	General and/or Managing Partner
Full Name (Last name fi	rst, if	individual)								
Aravis Clipper Delaw	are,	inc.								
Business or Residence A	ddres	s (Number and	Stree	t, City, State, Zip Co	ode)					
300 Park Avenue, Ne	w Yo	rk, New York 1	0022							
Check Box(es) that App	ly:	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name fi Duguet, Noel	rst, if	indiviđual)			•					
Business or Residence A	ddres	s (Number and	Stree	t, City, State, Zip Co	ode)					
300 Park Avenue, Ne	w Yo	rk, New York 1	10022	<u> </u>						
Check Box(es) that App	ly:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name fi	rst, if	individual)	-	· · · · ·						
Business or Residence A	ddres	s (Number and	Stree	t, City, State, Zip Co	ode)	, , ·		••		
Check Box(es) that App	ly:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name fi	rst, if	individual)				· · · · · · · · · · · · · · · · · · ·				
Business or Residence A	ddres	s (Number and	Stree	t, City, State, Zip Co	ode)					
Check Box(es) that App	ly:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name fi	rst, if	individual)				,				
Business or Residence A	ddres	s (Number and	Stree	t, City, State, Zip Co	ode)					
Check Box(es) that App	ly:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name fi	rst, if	individual)								
Business or Residence A	ddres	s (Number and	Stree	t, City, State, Zip Co	ode)	 				
	····	(Line ble	mk et	eet or conv and use	additi	ional agrica of this al				

					В. О	NFORMAT	ION ABOU	T OFFERI	NG				
												Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									100				
	Answer also in Appendix, Column 2, if filing under ULOE.									. 100	0,000.00		
2.	2. What is the minimum investment that will be accepted from any individual?												
3.	Does th	e offering	permit join	t ownershi	ip of a sing	le unit?				***************************************		Yes Æ	No []]
4.											_		
											he offering.		
											with a state ons of such		
	a broke	r or dealer,	you may s	et forth the	e informati	ion for that	broker or	dealer only	/ -				
Ful	l Name (Last name	first, if ind	ividual)	·								
Bus	siness or	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Cip Code)			· · · · · · · · · · · · · · · · · · ·			
Na	me of As:	sociated Br	oker or De	aler							·		
Sta	tes in W	ich Person	Listed Ha	s Solicited	or Intende	to Solicit	Durchacero		•				· · ·
044												∏ Al	l States
													(TE)
	AL IL	AK IN	AZ IA	[AR]	CA KY	CO LA	[CT]	DE MD	DC MA	FL MI	[GA] [MN]	MS	MO
	MT	NE	NV]	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Essi	1 Name (Y	cine icind	المالية المالية									
rui	ı ıvame (Last name	mu inst, ii inu	ividuai)									
Bus	siness or	Residence	Address (I	Number an	d Street, C	City, State,	Zip Code)						
										 .			
Naı	me of As:	sociated Br	oker or De	aler									
Sta	tes in Wi	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		l States
	AL	[AK]	(AZ)	AR	CA	CO	CT	DE	DC	FL	GA NOT	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbf{w}}$	WI	WY	PR
Es. 1	1 Name (Lost nome	finet if ind	ividual)					· 				· · · · · · · · · · · · · · · · · · ·
rui	i Name (Last name	iiisi, ii inu	iviuuai)									
Bus	siness or	Residence	Address (l	Number an	d Street, C	City, State,	Zip Code)						
Naı	me of As	sociated Br	oker or De	aler									
Sta	tes in Wi	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
												☐ Al	l States
	AL	AK	AZ	ĀR	CA	[CO]	CT	DE	DC	FL	GA	Н	ID
	IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C, OFFERING PRICE, NUMBER OF INVESTORS. EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Accessors	Amount Alexader
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity	S	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	200,000,000.0	\$ 595,000.00
	Other (Specify)		
	Total	200,000,000.0	595,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Accessor
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 595,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_40,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$_40,000.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		199,960,000.00
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	by purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees]\$. 🗆 \$
	Purchase of real estate]\$. []\$
	Purchase, rental or leasing and installation of macand equipment		¬ ¢	□ \$
	Construction or leasing of plant buildings and fac	-	_	
	Acquisition of other businesses (including the val	_		. [] #
	offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	7\$	m s
	Repayment of indebtedness	-		_
	Working capital	_		_
	Other (specify): Investments]\$	\$ 555,000.00
				_
]\$	\$
	Column Totals]\$ <u>0.00</u>	\$ 555,000.00
	Total Payments Listed (column totals added)		∑ \$_ ⁵⁶	55,000.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commiss	sion, upon writte	
lss	uer (Print or Type)	Signature	Date ()	. 1
Аг	avis Clipper Delaware, L.P./*	N b	6/14	1/07
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
No	pel Duguet	President		

*By: Aravis Clipper Delaware Associates, L.P. (its General Partner)

By: Aravis Clipper Delaware, Inc.

(its General Partner)

ATTENTION -